

Cornerstones for Health Information Exchange: *A CalPSAB Symposium*

Patient Consent in the Emergency Department Setting

October 28, 2008

Facilitated by Kathleen Delaney Greenbaum

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Sessions are taped to capture main points...



But your identity
will not be put
under a
microscope!

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PANEL MEMBERS

- **Amy Hooper**, RN, BSN, MBA, Director of Emergency Services, of Mercy Hospital of Folsom
- **Dave Minch**, HIPAA/HIE Project Manager of John Muir Health and co-Chair CalPSAB **Security Committee**
- **Marilyn K. Schuyler**, CA. Departments of Public Health and Health Care Services, CA. Office of Women's Health
- **Kam Coveyou**, Information Officer of the California Office of Privacy Protection
- **Laura Landry** Executive Director, Long Beach Network for Health

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Table of Contents

1. **Scenario** – tells the story of Calvin, our patient in the ED and the impacts of the alternatives
2. **Summary** – High level summary of the analysis
3. **Comparative Analysis** – Security Access Control. This document provides a summary of the work of the Security Committee's Access Control Task Group
4. **Education Components** – Highlights components on the needed education

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Consent Process

- The Emergency Department Task Group built upon the analysis of the first consent task group effort...ePrescribing
- 5 alternatives of Consent identified, 3 will be explored today
- Pros and cons discuss and review for each alternative
- Formats developed to capture comments and analyses.

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5 Consent Alternatives

- **No Consent** – Patient records are accessible through HIE
- **Opt Out** - Patient records are accessible through HIE until the patient indicates records are not to be exchanged via HIE
- **Opt In with Restrictions** – After Patient opts in, only the records they indicate are accessible through HIE
- **Opt Out with Exceptions** - Patient records are accessible through HIE until the patient indicates records are not to be exchanged via HIE, however s/he can stipulate specific records remain available
- **Opt In** - Patient records are not accessible through HIE until s/he opts in to have all their records accessible through HIE

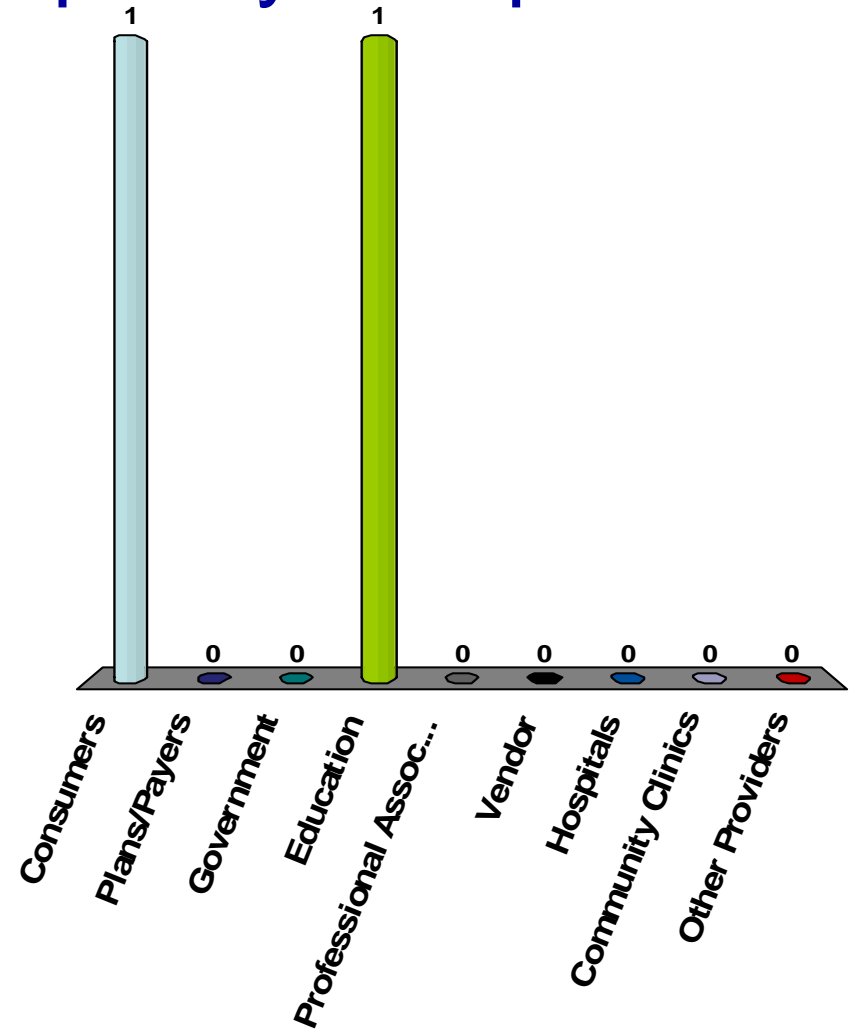
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Stakeholder Poll

Which stakeholder group do you represent?

1. Consumers
2. Plans/Payers
3. Government
4. Education
5. Professional Associations
6. Vendor
7. Hospitals
8. Community Clinics
9. Other Providers



Entrance Poll

Which consent alternative would you choose right now?

1 1. No Consent

0 2. Opt Out

0 3. Opt In with Restrictions

0 4. Opt Out with Restrictions

1 5. Opt In

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No Consent

- + Most quality of care
- + Least costly/most sustainable
- Some legal risk
- Inconsistent with CalPSAB principles
- Least patient choice

Compared to ...

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Opt Out (Patient Auto In)

- + More quality of care
- + Less costly/more sustainable
- + Less legal risk
- + Consistent with CalPSAB principles
- Less patient choice

Compared to ...

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Opt In w/Restrictions (Patient auto OUT plus Choice)

- Least quality of care
- Most costly/least sustainable
- + Less legal risk
- + Consistent with CalPSAB principles
- + Most Patient choice

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Access Control

Dave Minch

John Muir Health

CalPSAB Security Committee Co-Chair

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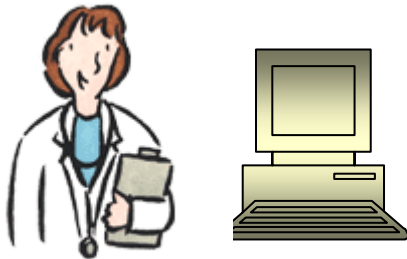
Secure Access to Health Information

Authentication Method: Name and Password ▾

Username:

Password:

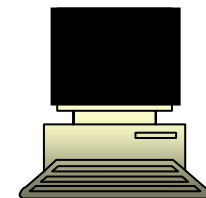
First they must
authenticate who they are
There are two sides to an electronic
exchange of health information



Access to Calvin's health
information is controlled.



Calvin P. Sab



The patient and his
health information

And those who wish to access
the patient's health information
they must be
authorized access



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Education Committee ...

Inform... Build Trust and Confidence

- All consent options and all consumer groups will require education, even No Consent.
- Communicate
 - HIE – new concept that many don't know about it
 - Benefits to consumer
 - how the information will be used
 - Privacy and security features

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Comparing Alternatives...

Opt Out requires additional education to the No Consent effort, to ensure the consumer understands the choice.

Opt In with Restrictions requires most complex education:

- Choices are confusing
- More costly to educate
- Benefits of fewest restrictions

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Challenges

- Parents/caretakers of children
- Seniors
- Chronically ill
- Others

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Many consumers want the benefits of HIE...

But not at the cost of adverse consequences!

- Discrimination for health benefits or employment
- Medical identify theft
- Selling of their health information





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- Labs ordered, diagnoses and treatment are all based on available information.

No consent – Emergency Dr. has all info

Opt Out – only info from EMT & ED staff

In w/ Exceptions – all info minus RA info

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Calvin's Outcome

- ✚ High quality treatment
- ✚ No unnecessary costs
- ✚ Accurately diagnosed

**No
Consent**

**Opt
Out**

- Lowest quality treatment
- Unnecessary use of med-evac & cath lab
- Highest unnecessary costs

**In with
Restrictions**

- Medium quality treatment
- Half diagnosis accurate, half wrong
- Some unnecessary costs

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Long Beach Network for Health
System Demonstration



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Scenario Assumptions 2015

- Can have EHRs apart from being in an HIE
- Technology is capable of supporting policy
- Sensitive information is excluded
- Education of patient and process of choice
- Quality of care will not be less than current

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LBNH Realities 2009

- Only users who've been AUTHENTICATED and GRANTED ACCESS can see info
 - Initial phase ... **only ED staff can view**
- Technology can support consent alternatives, but
 - EHRs & business processes require **costly modification**
- Sensitive information is excluded, but **quality of care concern** whenever all info is not available
- Education of patient and process of choice desirable, **but who pays and who provides?**

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Privacy Concerns – Open Discussion

- The overbroad collection and retention of unnecessary personal information
- The improper use of information properly obtained for a specific purpose, for example, use for another purpose or the disclosure of it to some third party

Exit Poll #1

In our 2008 “today reality”, which alternative do you choose?

1	1. No Consent
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1	2. Opt Out
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0	3. Opt In with Restrictions
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0	4. Opt Out with Restrictions
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0	5. Opt In
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Thank you for your
participation!!

*We'll be going back to the
Camellia Room for
Closing Remarks and to learn how the
break out sessions voted.*